## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	: 1	52 OF	•	305	
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the	ne name and address of any political committee t	
NAME OF COMMITTEE (IN Full) BORDER HEALTH FEDERAL	PAC	
Full Name (Last, First, Middle Initial)  Ricardo Martinez  Mailing Address 1903 W. Smith  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For:  Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  01 09 2015  Transaction ID: SA11Al.28719  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Ricardo Martinez  Mailing Address 1903 W. Smith  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed  Receipt For: Primary General Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  03 04 2015  Transaction ID: SA11Al.29061  Amount of Each Receipt this Period  250.00  contribution
Full Name (Last, First, Middle Initial)  Ricardo Martinez  Mailing Address 1903 W. Smith  City edinburg  FEC ID number of contributing federal political committee.  Name of Employer selfemployed Receipt For: Primary Other (specify)	State Zip Code TX 78539  C  Occupation physician  Aggregate Year-to-Date ▼  750.00	Date of Receipt  03 13 2015  Transaction ID: SA11Al.29405  Amount of Each Receipt this Period  250.00  contribution
SUBTOTAL of Receipts This Page (optional)	•	750.00
TOTAL This Period (last page this line numbe	r only)	